

MULTIPLE DEPEN.
A 114
FEE CALCULATION'S
(FOR USE WITH FORM PTO-870)

APPLICANT(S)

10/065327

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/					
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49						
50						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS	3	0	0	0	0	0

*	IND.	DEP.	*	IND.	DEP.	*	IND.	DEP.
51								
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100								
TOTAL IND.	3	0	0	0	0	0	0	0
TOTAL DEP.	0	0	0	0	0	0	0	0
TOTAL CLAIMS	3	0	0	0	0	0	0	0

Best Available Copy